

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: LISA D. HANIN	)	Examiner: T. Sweet (parent appl)
	)	
Serial No.: Pending	)	Group Art Unit: 3738 (parent appl)
	)	
Filed: Herewith	)	
	)	
For: SURFACE TOPOGRAPHY METHOD	)	
FOR DETERMINING	)	Irvine, California
EFFECT OF A BOTULINUM TOXIN	)	
UPON A MUSCLE	)	
	)	

03940 U.S. PTO  
10/663041  
09/15/03

**NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER**

Mail Stop: Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450


Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter – 4 pgs
- (x) Specification (40 pages) 21 Claims (4 pages); Abstract (1 page)
- (x) Drawings (1 sheet)
- (x) Declaration/Power of Attorney
- (x) Assignment w/ Cover sheet
- (x) Information Disclosure Statement w/ PTO-1449 and references and copies of PTO-1449 previously submitted in the parent application serial no. 10/099,602
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV295682982US

This continuation-in-part application claims priority to parent application serial number 10/099,602, filed March 14, 2002 which is pending.

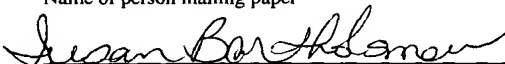
Dated: September 12, 2003

  
Stephen Donovan  
Registration No. 33,433

**CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10**

I hereby certify that this Transmittal Letter and above-identified documents are being deposited with the United States Postal Service on September 15, 2003 in an envelope as "Express Mail Post Office To Addressee" mailing label number EV295682982US with sufficient postage for Express Mail addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: Sept. 15, 2003

Susan Bartholomew  
Name of person mailing paper  
  
Signature of person mailing paper

### NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **SURFACE TOPOGRAPHY METHOD FOR DETERMINING EFFECT OF A BOTULINUM TOXIN UPON A MUSCLE** by the following named inventor:

1	Full Name of Inventor	Last Name: HANIN	First Name: LISA	Middle Name: D.	
	Residence and Citizenship	City NEWPORT BEACH	State or Foreign Country: CALIFORNIA	Citizenship U.S.A.	
	Post Office Address	Post Office Address: 528 BAYPOINTE DRIVE	City: NEWPORT BEACH	State or Country: CALIFORNIA	Zip Code: 92660
2	Full Name of Inventor	Last Name:	First Name:	Middle Name:	
	Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:	
	Post Office Address	Post Office Address:	City:	State or Country:	Zip Code:
3	Full Name of Inventor	Last Name:	First Name:	Middle Name:	
	Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:	
	Post Office Address	Post Office Address:	City:	State or Country:	Zip Code:

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 40 pages, 21 claims (4 pages) and an abstract (1 page).

(X) Oath or Declaration

(X) Enclosed is a fully executed oath or declaration.

( ) Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$750.00	\$750.00
Total Claims	21 minus 20 =	-1-	\$18.00	\$18.00
Independent Claims	4 minus 3 =	-1-	\$84.00	\$84.00
If application contains any multiple dependent claims, then add			\$280.00\$	\$0.00
<b>TOTAL FILING FEE</b>				<b>\$852.00</b>

(X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.

(X) An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.

(X) New drawings are enclosed in 1 sheet.

( ) A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.

( ) A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.

( ) A properly labeled computer readable form of the Sequence Listing accompanies this Application.

(X) The Power of Attorney in this application is to Stephen Donovan, Registration Number 33,433.

(X) The Power of Attorney appears in the combined Declaration and Power of Attorney, filed herewith.


( ) A copy of the Request for Extension of Time filed in the prior application is enclosed.

Please address all future communications to:

STEPHEN DONOVAN  
Registration No. 33,433  
ALLERGAN, INC.  
2525 Dupont Drive, T2-7H  
Irvine, CA 92612  
Tel: 714-246-4026  
Fax: 714-246-4249

Respectfully submitted,

Date: September 12, 2003

  
Stephen Donovan  
Registration No. 33,433  
Attorney of Record